



Republic of Kenya



International Fund  
for Agricultural  
Development

**Central Kenya Dry Area Smallholder and Community Services Development Project (CKDAP)  
Household Impact Assessment Survey Questionnaire (December 2010)**

IDENTIFICATION													
NAME	CODE												
DISTRICT _____	_ _												
DIVISION _____	_												
LOCATION _____	_												
SUB – LOCATION (FDA) _____	_												
ENUMERATION AREA (EA) _____	_ _												
CLUSTER NUMBER .....	_ _												
HOUSEHOLD NUMBER .....	_ _												
QUESTIONNAIRE ID: .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td align="center" colspan="3">[ Cluster NO. ]</td> <td align="center" colspan="3">[ HOUSEHOLD NO. ]</td> </tr> </table>							[ Cluster NO. ]			[ HOUSEHOLD NO. ]		
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INTERVIEWER VISITS																																							
VISIT 1	VISIT 2	FINAL VISIT	SUPERVISOR'S CHECK																																				
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TIME START: ____/____/____ TIME END: ____/____/____	TIME START: ____/____/____ TIME END: ____/____/____	TIME START: ____/____/____ TIME END: ____/____/____	TOTAL NO. OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table> * STATUS CODE 1=INTERVIEW ACCEPTABLE 2=INTERVIEW TO BE FURTHER COMPLETED 3=INTERVIEW TO BE REJECTED																																				
*RESULT CODES: 1=COMPLETED		2=NOT AT HOME 3=POSTPONED 4=REFUSED 5=PARTLY COMPLETED	6=INCAPACITATED 7=VACANT / UNOCCUPIED 8=OTHER (SPECIFY)																																				

ENUMERATOR  <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>			SUPERVISOR  <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>			KEYED BY  <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>		
NAME _____	NAME _____	NAME _____						

**SECTION 1: HOUSEHOLD DEMOGRAPHICS**

1.1 Now we would like to get information about members who usually live in your household. (Start with name of the household head and remember to include the respondent).

Serial No. (1)	Name (2)	Sex (3)	Age (Completed yrs) (4)	Relationship to head of HH (5)	Occupation (6)	Marital Status (7)	Education Level (8)	Religion (9)
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02								
03								
04								
05								
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09								
10								
11								
12								
13								
14								
14								
15								

1.2 Indicate the serial number of the respondent from the above table

<b>Codes for HOUSEHOLD DEMOGRAPHICS</b>			
<b>(3) Sex:</b> 1- MALE 2 - FEMALE			
<b>(5) Relationship to Head of Household:</b>	<b>(6) Occupation:</b>	<b>(7) Marital status:</b>	<b>(9) Religion:</b>
01 Head of Household	1. Subsistence/mixed farmer	1. Married	1. Catholic
02 Wife/husband/partner	2. Pastoralist	2. Single	2. Protestant
03 Son or daughter	3. Employed (formal)	3. Divorced	3. Other Christian
04 Son-in-law or daughter-in-law	4. Employed (informal)	4. Separated	4. Hindu
05 Grandchild	5. Business (include: commercial, livestock and crop production)	5. Widowed	5. Traditional
06 Parent	6. Domestic worker	6. N/A	6. No religion
07 Parent-in-law	7. Home maker/House wife	7. Don't Know	7. Muslim
08 Brother or sister	8. Student	8. Other	8. Others (specify)
09 Co-wife	9. N/A	<b>(8) Educational Level:</b>	
10 Other relative	10. Don't Know	1. Nursery, kindergarten	
11 Adopted	11. Others (specify)	2. Primary	
12 Non relative		3. Post-primary, vocational	
		4. Secondary, A-level	
		5. College (middle level)	
		6. University	
		7. Child - not yet gone to school	
		8. Adult education (Gumbaru)	
		9. None	
		10. Don't Know	

**SECTION 2: HOUSEHOLD CHARECTERISTICS, ASSETS, ENERGY AND EXPENDITURE**

HOUSEHOLD CHARACTERISTICS			
Question	Code	Response	Comments/Notes
2.1 What is the main floor material of the <u>main</u> dwelling house?	<p><u>Natural Floor</u></p> <ol style="list-style-type: none"> <li>1. Earth/Sand/Mud</li> <li>2. Dung</li> <li>3. Other natural/traditional material</li> </ol> <p><u>Rudimentary Floor</u></p> <ol style="list-style-type: none"> <li>4. Course Wood Planks</li> <li>5. Palm/Bamboo</li> <li>6. Other rudimentary material</li> </ol> <p><u>Finished Floor</u></p> <ol style="list-style-type: none"> <li>7. Polished Wood</li> <li>8. Vinyl or Asphalt Strips</li> <li>9. Ceramic Tiles</li> <li>10. Cement</li> <li>11. Carpet</li> </ol> <p><u>Others</u></p> <ol style="list-style-type: none"> <li>12. Other (specify).....</li> </ol>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<p style="text-align: center;"><i>Indicate the correct number in the box</i></p>
2.2 What is the main roof material of the main dwelling house?	<p><u>Natural/traditional materials</u></p> <ol style="list-style-type: none"> <li>1. Grass/thatch/makuti</li> <li>2. Discarded recycled materials/ plastic</li> <li>3. Other natural or traditional materials</li> </ol> <p><u>Rudimentary informal materials</u></p> <ol style="list-style-type: none"> <li>4. Coarse wooden planks</li> <li>5. Plain tin sheets</li> <li>6. Other rudimentary material</li> </ol> <p><u>Formal commercial building materials</u></p> <ol style="list-style-type: none"> <li>7. Corrugated iron sheets (mabati)</li> <li>8. Asbestos sheets</li> <li>9. Concrete</li> <li>10. Tiles</li> <li>11. Finished wood (T &amp; G)</li> </ol> <p><u>Others</u></p> <ol style="list-style-type: none"> <li>12. Other (specify).....</li> </ol>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<p style="text-align: center;"><i>Indicate the correct number in the box</i></p>

<p>2.3 What is the <u>main</u> wall material of the main dwelling house?</p>	<p><u>Natural/traditional materials</u></p> <ol style="list-style-type: none"> <li>1. Mud and wattle</li> <li>2. Discarded recycled materials</li> <li>3. Grass/thatch/bamboo/makuti</li> <li>4. Other natural or traditional materials-</li> </ol> <p><u>Rudimentary informal materials</u></p> <ol style="list-style-type: none"> <li>5. Coarse wooden planks</li> <li>6. Tin sheets</li> <li>7. Corrugated Iron Sheets</li> <li>8. Stones and mud</li> <li>9. Stones and cement</li> <li>10. Other rudimentary material</li> </ol> <p><u>Formal commercial building materials</u></p> <ol style="list-style-type: none"> <li>11. Cut stone blocks</li> <li>12. Cement blocks</li> <li>13. Clay bricks</li> <li>14. Concrete</li> <li>15. Finished wood</li> <li>16. Mabati (heavy gauge)</li> <li>17. Other commercial building material</li> </ol> <p><u>Others</u></p> <ol style="list-style-type: none"> <li>18. Other: (specify).....</li> </ol>	<div style="border: 1px solid black; width: 50px; height: 50px; margin: 20px auto;"></div>	<p>Indicate the correct number in the box</p>
<p>2.4 What is the number of living rooms in the main dwelling house?</p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		

**ASSETS**

<p>2.5 Does your household have the following?</p> <p><i>(Read each item aloud and record response before proceeding to the next item).</i></p>	<ol style="list-style-type: none"> <li>1. Electricity-----</li> <li>2. Radio-----</li> <li>3. Television-----</li> <li>4. Refrigerator-----</li> <li>5. Bicycle-----</li> <li>6. Motorcycle/scooter-----</li> <li>7. Car/truck-----</li> <li>8. Gas cooker-----</li> <li>9. Solar energy-----</li> <li>10. Telephone (Mobile/fixed) -----</li> <li>11. Computer-----</li> <li>12. Sofa Sets-----</li> <li>13. Wall unit-----</li> <li>14. Plastic chairs-----</li> <li>15. Generator/Water Pump-----</li> </ol>	<div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div>	<ol style="list-style-type: none"> <li>1. YES</li> <li>2. NO</li> </ol>
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<b>ENERGY</b>														
<p>2.6 What type of fuel does your household <u>mainly</u> use for cooking?</p>	<ol style="list-style-type: none"> <li>1. Electricity</li> <li>2. LPG /Natural gas</li> <li>3. Biogas</li> <li>4. Kerosene</li> <li>5. Charcoal</li> <li>6. Firewood/Straw</li> <li>7. Others (specify).....</li> </ol>	<input style="width: 50px; height: 40px;" type="text"/>												
<p>2.7 What type of energy does your household <u>mainly</u> use for lighting?</p>	<ol style="list-style-type: none"> <li>1. Electricity</li> <li>2. LPG/Natural Gas</li> <li>3. Biogas</li> <li>4. Paraffin(Kerosene)</li> <li>5. Firewood/straw</li> <li>6. Solar</li> <li>7. Other (specify) _____</li> </ol>	<input style="width: 50px; height: 40px;" type="text"/>												
<p>2.8 Which of the following cooking devices does your household use?</p> <p><i>Read out the names of the devices and probe if they have other devices.</i></p>	<ol style="list-style-type: none"> <li>1. Fireless cookers-----</li> <li>2. Maendeleo liners/jikos-----</li> <li>3. Kenya Ceramic jikos-----</li> <li>4. Improved fire place-----</li> <li>5. Tea cosy -----</li> <li>6. Paraffin Stove-----</li> <li>7. Biogas-----</li> <li>8. LPG-----</li> <li>9. Solar-----</li> <li>10. Electric Cooker-----</li> </ol>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>												<p>1. YES 2. NO or N/A</p>

**HOUSEHOLD EXPENDITURE**

<p><b>2.9 Key Household Expenditures:</b> List various key expenditures (see a-h below) that the household may possibly have, and ask the respondent to estimate the amount for each type that the household or any of its members may have made during the <u>recall period</u>.</p>	<p>1. Yes, had expenditure of this type 2. No, did not have</p>		
<p>a) Rent for this dwelling <u>per month</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>b) Total school expenses paid for all children <u>last 12 months</u> (include school fees, textbooks, uniforms etc)</p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>c) Expenditure on food consumed during <u>a normal month</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>d) Expenditure on health care during the <u>last 3 months</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>	<p>Please circle the correct response (1 or 2) and if YES, ask the respondent to estimate the amount (Kshs) for each type of the expenditure.</p>	
<p>e) Expenditure on energy during <u>a normal month</u> (charcoal, wood, Paraffin., electricity etc)</p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>f) Expenditure on water during <u>a normal month</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>g) Expenditure on clothing <u>last year/ 12 months</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>h) Transport <u>last month</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>i) Airtime <u>last month</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>j) Payments for domestic servants <u>last month</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>k) Other household expenditures (Specify) .....</p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p><b><u>Transfers, investments, loan repayments and savings:</u></b></p>	<p>1. Yes, had transaction of this type 2. No, did not have</p>		
<p>l) Loan repayment to bank, sacco, credit union, microfinance institution, groups, shylocks <u>last year</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>m) Savings deposit made to sacco, bank or microfinance institution <u>last year</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>n) Savings deposits made to merry-go-rounds and groups <u>last year</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>	<p>Please circle the correct response (1 or 2) and if YES, ask the respondent to estimate the amount (Kshs) for each type of the expenditure.</p>	
<p>p) Transfer payments made to relatives and friends <u>last year</u> (e.g school fees paid for relatives, friends, money sent to parents etc)</p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>q) Money lent to friends, relatives etc <u>last year</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>r) Investment in business: purchase of equipment used in manufacturing or of commodities for resale <u>last year</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>s) Purchase of land, construction or property <u>last year</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		
<p>t) Contributions to Harambees, projects or any other fundraisings <u>last year</u></p>	<p>1 2  _ _ _ _ _ _ _ _ _ _ </p>		

**SECTION 3: WATER, SANITATION AND HYGIENE**

<b>WATER</b>				
	<b>(A.) RAINY SEASON</b>		<b>(B.) DRY SEASON</b>	
<p>3.1 What is the main source of DRINKING water for members of your household during [rainy/dry] season?</p> <p><i>Indicate only one answer in the box provided</i></p>	<p>1. Piped into dwelling</p> <p>2. Piped into yard/plot</p> <p>3. Public tap/ water kiosk</p> <p>4. Borehole</p> <p>5. Protected well (concrete top)</p> <p>6. Unprotected well (no concrete top)</p> <p>7. Protected spring</p> <p>8. Unprotected spring</p> <p>9. Lake</p> <p>10. Pond</p> <p>11. Dam</p> <p>12. Pan</p>	<p>13. Rainwater</p> <p>14. Stream/River</p> <p>15. Burrow pit (dug into river/stream bed)</p> <p>16. Tanker –truck/ vendor</p> <p>17. Reservoir/Tank water</p> <p>18. Other (Specify)_____</p> <p>Q3.1A</p> <p><input type="checkbox"/></p>	<p>1. Piped into dwelling</p> <p>2. Piped into yard/plot</p> <p>3. Public tap/ water kiosk</p> <p>4. Borehole</p> <p>5. Protected well (concrete top)</p> <p>6. Unprotected well (no concrete top)</p> <p>7. Protected spring</p> <p>8. Unprotected spring</p> <p>9. Lake</p> <p>10. Pond</p> <p>11. Dam</p> <p>12. Pan</p>	<p>13. Rainwater</p> <p>14. Stream/River</p> <p>15. Burrow pit (dug into river/stream bed)</p> <p>16. Tanker –truck/ vendor</p> <p>17. Reservoir/Tank water</p> <p>18. Other (Specify)_____</p> <p>Q3.1B</p> <p><input type="checkbox"/></p>
<p>3.2 Who mainly funded the construction of this source of water?</p> <p><i>If Response is 1 or 2 to SKIP to Q3.4</i></p>	<p>1. Household</p> <p>2. Landlord</p> <p>3. Government</p> <p>4. CKDAP</p> <p>5. NGO</p> <p>6. Group</p> <p>7. Faith based organisation</p> <p>8. Community</p> <p>9. N/A</p> <p>10. Others</p> <p>Q3.2A</p> <p><input type="checkbox"/></p>	<p>1. Household</p> <p>2. Landlord</p> <p>3. Government</p> <p>4. CKDAP</p> <p>5. NGO</p> <p>6. Group</p> <p>7. Faith based organisation</p> <p>8. Community</p> <p>9. N/A</p> <p>10. Others</p> <p>Q3.2B</p> <p><input type="checkbox"/></p>		
<p>3.3 What is the name group or institution?</p>	<p>_____</p>		<p>_____</p>	
<p>3.4 What is the distance (in km) from your household to this water facility?</p> <p><i>(Convert all the responses into kilometres).</i></p>	<p>1. 0 – 1.0 km</p> <p>2. 1.1 – 2.0 km</p> <p>3. 2.1 - 3.0 km</p> <p>4. 3.1- 4.0 km</p> <p>5. 4.1 – 5.0 km</p> <p>6. 5.0 km and above</p> <p>Q3.4A</p> <p><input type="checkbox"/></p>	<p>1. 0 – 1.0 km</p> <p>2. 1.1 – 2.0 km</p> <p>3. 2.1 - 3.0 km</p> <p>4. 3.1- 4.0 km</p> <p>5. 4.1 – 5.0 km</p> <p>6. 5.0 km and above</p> <p>3.4B</p> <p><input type="checkbox"/></p>		

<p>3.5 How long does it take to go to the water facility, get water, and come back (in hours)?</p> <p><i>(Convert all the responses into hours).</i></p>	<p>1. 0 – 0.5 hours                  2. 0.6 – 1.0 hours                  3. 1.1 – 1.5 hours                  4. 1.6 – 2.0 hours                  5. 2.1 – 2.5 hours 3.5A <input type="text"/>                  6. 2.6 – 3.0 hours                  7. 3.1 – 3.5 hours                  8. 3.6 – 4.0 hours                  9. 4 hours and above</p>	<p>1. 0 – 0.5 hours                  2. 0.6 – 1.0 hours                  3. 1.1 – 1.5 hours                  4. 1.6 – 2.0 hours                  5. 2.1 – 2.5 hours 3.5B <input type="text"/>                  6. 2.6 – 3.0 hours                  7. 3.1 – 3.5 hours                  8. 3.6 – 4.0 hours                  9. 4 hours and above</p>
<p>3.5a Have you been saving time now compared to previously before this water source?</p> <p><i>If No, SKIP to 3.6</i></p>	<p><input type="text"/></p>	<p><input type="text"/> 1. YES                  2. NO</p>
<p>3.5b If yes in 3.5a, How have you been utilizing the saved time?</p>	<p>1. Farmwork                  2. Business                  3. Participate in group meeting                  4. House keeping                  5. Other Specify.....</p>	<p><input type="text"/></p>
<p>3.6 Do you usually treat water for drinking from this water facility during [rainy/dry] season?</p> <p><i>If [3] to both 3.6A and 3.6B, SKIP to Q3.8</i></p>	<p>1. Always                  2. Sometimes                  3. Never</p> <p>3.6A. <input type="text"/></p>	<p>1. Always                  2. Sometimes                  3. Never</p> <p>3.6B. <input type="text"/></p>

<p>3.7 Which water treatment methods do you use?</p> <p><i>(Do not read options but allow respondent give you answers). If chemical treatment is mentioned, ask which chemical type and write answer in provided space.</i></p>	<p>1. Boiling.....</p> <p>2. Chemical treatment:                  (a) Water Guard                  (b) Aluminum Sulphate                  (c) Chlorine                  (d) Other (Specify .....)</p> <p>3. Filtration.....</p> <p>4. Other (Specify)_____</p>	<p><input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p>1. YES                  2. NO</p>
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<p>3.8 What are the uses of water in your household?</p> <p><i>(Ask respondent to list all possible uses of water and record responses. If some of the listed common options are not mentioned, confirm by probing).</i></p>	<p><b><u>Domestic Uses</u></b></p> <p>1. Washing clothes-----</p> <p>2. Washing dishes-----</p> <p>3. Cooking-----</p> <p>4. Drinking-----</p> <p>5. Bathing-----</p> <p>6. Others (Specify) _____</p> <p><b><u>Livestock Uses</u></b></p> <p>7. Watering livestock-----</p> <p>8. Others (Specify) _____</p> <p><b><u>Other Uses</u></b></p> <p>9. Micro-Irrigation-----</p> <p>10 Irrigation-----</p> <p>11 Others (Specify) _____</p>	<p>1. YES 2. NO or N/A</p> <p><i>If 2, SKIP to next line</i></p>	<p>3.9 How many Litres of water do you use in the household per day?</p> <p><i>(Record approximate number in litres)</i></p>
<p>3.10 Is the water that you get during <b>RAINY SEASON</b> enough for all uses mentioned in 3.8?</p>	<p>1. YES 2. NO</p>	<p><input type="checkbox"/></p>	
<p>3.11 Is the water that you get during <b>DRY SEASON</b> enough for all uses mentioned in 3.8?</p>	<p>1. YES 2. NO</p>	<p><input type="checkbox"/></p>	
<p>3.12 Which are the common water borne/wash diseases do people suffer in this locality?</p> <p><i>(Do not read out option. Ask respondent to name all the possible diseases and record the answers)</i></p>	<p>1. Diarrhea-----</p> <p>2. Typhoid-----</p> <p>3. Bilharzia-----</p> <p>4. Bacillary/Dysentery/Shigellosis-----</p> <p>5. Amoebiasis-----</p> <p>6. Cholera-----</p> <p>7. Skin diseases-----</p> <p>8. Other (Specify) _____</p>	<p><input type="checkbox"/></p>	<p>1. YES 2. NO or N/A</p>
<p>3.13 Is any member of the household a member of any water user groups?</p>	<p>1. YES 2. No</p>	<p><input type="checkbox"/></p>	<p>If No, SKIP to 3.15</p>
<p>3.14 If YES, please give the name of the water user group</p>	<p>_____</p>		

SANITATION AND HYGIENE								
<p>3.15 What kind of toilet facility does your household <u>mainly</u> use?</p> <p><i>(If household has more than one toilet facility, probe for the one used most of the time)</i></p>	<ol style="list-style-type: none"> <li>1. Flush / pour flush</li> <li>2. Flush to piped sewer system</li> <li>3. Flush to septic tank</li> <li>4. Flush to pit (latrine)</li> <li>5. Flush to somewhere else</li> <li>6. Flush to unknown place/not sure where</li> <li>7. Ventilated Improved Pit latrine</li> <li>8. Pit latrine with slab</li> <li>9. Pit latrine without slab/open pit</li> <li>10. Composting toilet</li> <li>11. Bucket</li> <li>12. Hanging toilet/hanging latrine</li> <li>13. No facilities or bush or field</li> <li>14. Flying toilets</li> <li>15. Other (<i>specify</i>)-----</li> </ol>	<input style="width: 50px; height: 50px;" type="text"/>	<p><i>Record only one response in the box provided</i></p>					
<p>3.16 Is this facility located within your dwelling, or yard or compound?</p>	<ol style="list-style-type: none"> <li>1. Yes, in dwelling/yard/compound</li> <li>2. No, outside dwelling/yard/compound</li> </ol>	<input style="width: 50px; height: 50px;" type="text"/>	<p><i>Record only one response in the box provided</i></p>					
<p>3.17 How often is the facility cleaned?</p>	<ol style="list-style-type: none"> <li>1. Once a day</li> <li>2. More than once a day</li> <li>3. Once a week</li> <li>4. More than once a week</li> <li>5. Never cleaned</li> <li>6. Other (<i>Specify</i>).....</li> </ol>	<input style="width: 50px; height: 50px;" type="text"/>	<p><i>Record only one response in the box provided</i></p>					
<p>3.18 Which hand washing equipment is located within the toilet facility?</p>	<ol style="list-style-type: none"> <li>1. Tap</li> <li>2. Leaky Tin</li> <li>3. Basin</li> <li>4. None</li> <li>5. Other (<i>specify</i>.....)</li> </ol>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>						<p>1. YES 2. NO</p>
<p>3.18a What other sanitation facilities does your household have now compared to before the CKDAP?</p>	<ol style="list-style-type: none"> <li>1. Dish Rack</li> <li>2. Hanging Line</li> <li>3. Mosquito nets</li> <li>4. Compost pit</li> <li>5. Other Specify</li> </ol>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>						
<p>3.19 Do children under 5 years use this sanitation facility?</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Some children use, while others don't</li> <li>4. N/A, (HH has no children under 5 yrs)</li> </ol>	<input style="width: 50px; height: 50px;" type="text"/>	<p><i>Record only one response in the box provided</i></p> <p><i>If 1 or 4, SKIP to 4.1</i></p>					

3.20 What happens with the stool of young children (0-5 years) when they do not use the latrine or toilet facility? <i>(Multiple response possible)</i>	1. Thrown into toilet or latrine	<input type="checkbox"/>	1. YES 2. NO or N/A
	2. Thrown outside the yard	<input type="checkbox"/>	
	3. Buried in the yard	<input type="checkbox"/>	
	4. Not disposed off/left on the ground	<input type="checkbox"/>	
	5. Children go to bushes	<input type="checkbox"/>	
	6. Other <i>(specify)</i> .....	<input type="checkbox"/>	

**SECTION 4: PRIMARY HEALTHCARE**

**HEALTH FACILITIES**

<p>4.1 Where do household members mainly go for treatment when they are sick?</p>	<p>1. Dispensaries 2. Health centers 3. Private hospitals/clinics 4. Government hospitals 5. Community Pharmacies 6. Traditional healers 7. Others (Specify) _____</p>	<input type="checkbox"/>	<p>Record only one response in the box provided</p>
<p>4.2 What is the distance traveled by members of your household to the nearest health facility?</p>	<p>1. Less than 5km 2. Between 5 - 10 km 3. More than 10km</p>	<input type="checkbox"/>	<p>Record only one response in the box provided</p>
<p>4.3 Have there been any births in this household during the last five years?</p>	<p>1. Yes 2. No</p>	<input type="checkbox"/>	<p>If NO skip to 4.6</p>
<p>4.4 Where did the last birth take place?</p>	<p>1. At home 2. Health facility 3. Other (specify.....)</p>	<input type="checkbox"/>	
<p>4.5 Who assisted in the delivery?</p>	<p>1. Traditional Birth Attendant 2. Health worker 3. Relative 4. Self 5. Other (specify.....)</p>	<input type="checkbox"/>	

**HEALTH GROUPS**

<p>4.6 Is any member of your household a member of any of these health groups?</p>	<p>1. Community Health Workers----- 2. Traditional Birth Attendants----- 3. Village Health Committees----- 4. Health Facilities Management Committees -- 5. People living with HIV/AIDS----- 6. Any other (specify).....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES 2. NO or N/A</p>
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**HIV/AIDS AWARENESS**

<p>4.7 Have you ever heard of an illness called AIDS?</p>	<p>1. Yes 2. No</p>	<input type="checkbox"/>	<p>If 2, SKIP to 4.15</p>
<p>4.8 If yes, do you know how it is transmitted?  <i>(Do not read out the options. Let respondent give you all options she/he knows).</i></p>	<p>1. Unprotected sex ----- 2. Blood transfusion----- 3. Breastfeeding----- 4. Mother to child during birth----- 5. Using unsterilized instruments----- 6. Others (specify)-----</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES 2. NO or N/A</p>

<p>4.9 Is there anything a person can do to avoid getting AIDS?</p>	<p>1. Yes 2. No 3. Do not know</p>	<p><input type="checkbox"/></p>	<p><i>If 2 or 3, SKIP to 4.11</i></p>
<p>4.10 If yes, what can a person do to avoid getting AIDS?  <i>(Do not read out the options. Let respondent give you all options she/he knows).</i></p>	<p>1. Abstain from sex----- 2. Use condoms----- 3. Limit sex to one partner/remain faithful to one partner----- 4. Limit number of sex partners----- 5. Avoid sex with prostitutes----- 6. Avoid blood transfusion----- 7. Do not use unsterilized instruments----- 8. Others (specify)-----</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1. YES 2. NO or N/A</p>
<p>4.11 Do you personally know of someone who has HIV/AIDS or someone who died of AIDS?</p>	<p>1. Yes 2. No</p>	<p><input type="checkbox"/></p>	
<p>4.12 Do you personally know of someone who has HIV/AIDS or someone who died of AIDS within the Sub Location?</p>	<p>1. Yes 2. No</p>	<p><input type="checkbox"/></p>	
<p>4.13 If one wanted to know his/her HIV status, where do you think he/she can be tested?</p>	<p>1. Health facilities (e.g Hospitals, health centres, dispensaries, etc) ----- 2. VCT----- 3. Other (specify)-----</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1. YES 2. NO or N/A  <i>If VCT is mentioned, record 1 (YES) in 4.14 and SKIP to 4.15</i></p>
<p>4.14 Have you ever heard of a Voluntary Counseling and Testing (VCT) Centres?</p>	<p>1. Yes 2. No</p>	<p><input type="checkbox"/></p>	<p><i>If 2, SKIP to 4.17</i></p>
<p>4.15 If YES, mention (point out) where these VCT centres are located</p>	<p>1. In health facilities within sub-location ----- 2. At shopping centres (within sub-location)----- 3. Outside sub-location----- 4. Other places (specify) ----- 5. Do not know-----</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1. YES 2. NO or N/A</p>
<p>4.16 What is the distance, in km from your households to the nearest VCT?</p>	<p>1. Less than 5km 2. Between 5 - 10 km 3. More than 10km 4. Do not know</p>	<p><input type="checkbox"/></p>	
<p>4.17 Do you know what is a HOME BASED CARE (HBC) service in relation to AIDS patients?</p>	<p>1. Yes 2. No</p>	<p><input type="checkbox"/></p>	<p><i>If 2, SKIP to 4.19</i></p>

4.18 At present, are there any households in this village that are members of any Home Based Care team?	1. Yes 2. No 3. Do not know	<input type="checkbox"/>	
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PREVALENCE OF COMMON DISEASES

Using household members listed in household demographic table (in page 2) ask the respondent if any of the members has suffered from the following diseases and put (1) where a member of household has suffered from a disease and (2) where not. If a household member has suffered from a disease not listed here, specify it in the provided column.

4.19 In the last <i>two months</i> , has the [NAME] ever suffered these (or symptoms of these) diseases?																
S.No.	Measles	T.B	Malaria	Meningitis	Chicken Pox	Typhoid	Amoebiasis	Trachoma	Common Cold	Pneumonia	Scabies	Ring Worms	Diabetes	Ashma	Headache	Others (Specify)
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																

**DEATHS IN THE HOUSEHOLD**

4.20 In the last 24 months has any household member died?  Yes..... 1 No..... 2  <input type="checkbox"/>  <b>If 2, Skip to NEXT SECTION</b>	4.21 Sex of person who died  MALE 1 FEMALE 2	4.22 Age of the person at the time of his/her death  OVER 97 YEARS 97 DON'T KNOW 98 NOT STATED 99  YEARS	4.23 <b>Cause of Death</b> Malaria 01 Pneumonia 02 AIDS 03 Tetanus 04 Tuberculosis 05 Malnutrition 06 Anaemia 07 Childbirth/Pregnancy 08 Sudden Death 09 Asthma 10 Cancer 11 Urinary Obstruction 12 Poisoning 13 Suicide 14 Accident 15 Measles 16 Diabetes 17 Menegitis 18 Typhoid 19 High Blood Pressure 20 Heart Attack 21 Stroke 22 Old Age 23 Unknown 24 Other (Specify) 25	4.24 Where did [NAME] die ? Home 1 Health facility 2 Other 3
Serial		YEARS		
01		___		
02		___		
03		___		
04		___		
05		___		
06		___		
07		___		
08		___		
09		___		
10		___		

**SECTION 5: AGRICULTURE, LIVESTOCK PRODUCTION AND FOOD SECURITY**

<b>FOOD SECURITY</b>			
<p><b>5.1 HUNGRY SEASON</b>                      (5.1a) Last year, did your household experience a hungry season?</p> <p>.....  <i>The hungry season means the number of months a household does not have enough food because their own stores are depleted.</i></p>	<p>1. Yes                      2. No</p>	<input type="checkbox"/>	<p>Indicate in the box the number that relates to an appropriate answer.</p> <p>If 2, SKIP to 5.2 – <b>General Agriculture.</b></p>
<p>(5.1b) During what month did the hungry season begin?</p>	<p>Month that hungry Season began.....                      1,2,3,4,5,6,7,8,9,10,11,12, 99</p>	<input type="checkbox"/>	<p>Code 99, if household found a continuous hungry season.</p>
<p>(5.1c) During what month did the hungry season end?</p>	<p>Month that hungry season ended.....                      1,2,3,4,5,6,7,8,9,10,11,12, 99</p>	<input type="checkbox"/>	<p>Code 99, if household had a continuous hungry season past December.</p> <p>If 99, SKIP to 5.1g.</p>
<p>(5.1d) Last year, did your household experience a second hungry season?</p>	<p>1. Yes                      2. No                      3. N/A</p>	<input type="checkbox"/>	<p>If 2 (No), SKIP to 5.1g.</p>
<p>(5.1e) During what month did the second hungry season begin?</p>	<p>Month that second hungry season began.....                      1,2,3,4,5,6,7,8,9,10,11,12</p>	<input type="checkbox"/>	
<p>(5.1f) During what month did the second hungry season end?</p>	<p>Month that second hungry Season ended.....                      1,2,3,4,5,6,7,8,9,10,11,12, 99</p>	<input type="checkbox"/>	<p>Code 99, if household had a continuous hungry season past December.</p>
<p>(5.1g) Where did your household get food from during these hungry seasons?</p>	<p>1. Government relief-----                      2. Faith Based Organizations-----                      3. NGOs-----                      4. Relatives and friends-----                      5. Selling of household assets-----                      6. Other (Specify).....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES                      2. NO or N/A</p>

<b>GENERAL AGRICULTURE</b>			
<p>5.2 Does your household operate any farmland?</p> <p><i>(Operating means cultivating or rearing livestock on either owned, leased, hired land etc)</i></p>	<p>1. Yes                      2. No</p>	<input type="checkbox"/>	<p>1. YES                      2. NO</p> <p>If 2, SKIP to 5.6</p>
<p>5.3 If YES, what is the ownership status of the farmland?</p>	<p>1. Owned by household-----                      2. Leased-----                      3. Family land-----                      4. Other (Specify).....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES                      2. NO</p> <p>If Owned is NOT mentioned SKIP to 5.5</p>



<p>5.10 At present, do you have a tree nursery?</p>	<p>1. Yes 2. No</p>	<input type="checkbox"/>	
<p>5.11 Over the past 12 months, have you ever received agricultural (Crop/livestock) extension services?</p>	<p>1. Yes 2. No</p>	<input type="checkbox"/>	<p>If 2, SKIP to 5.14</p>
<p>5.12 If yes, what kind of services?</p>	<p>1. Advice on best crop production----- 2. Advice on best livestock production----- 3. Practical demonstration of new methods----- 4. Vaccination and treatment----- 5. Farm planning----- 6. Agro forestry----- 7. Advice on soil and water conservation----- 8. Others (Specify).....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES 2. NO or N/A</p>
<p>5.13 Please give me the names of these service providers (organisation)</p> <p><i>(Write down the names of the mentioned service providers).</i></p>	<p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p>	<input type="checkbox"/>	
<p>5.14 Has any member of your household attended any of these agricultural activities in the last 12 months?</p> <p><i>(Read out all the options given)</i></p>	<p>1. Agricultural shows ----- 2. Field days----- 3. Farm exhibitions----- 4. Farming competitions----- 5. Demonstrations-----</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES 2. NO or N/A</p> <p><i>If any household member has NEVER attended any of the activities, SKIP to 5.17</i></p>
<p>5.15 What farming method did you (they) learn?</p> <p><i>If any household member learned at least one of the farming methods, Ask the following question</i></p>	<p>1. Zero grazing ----- 2. Grafting----- 3. Bee keeping----- 4. Brooding chicken----- 5. Others (Specify).....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES 2. NO or N/A</p>
<p>5.16 Did you adopt this farming method?</p>	<p>1. Zero grazing----- 2. Grafting----- 3. Bee keeping----- 4. Brooding chicken----- 5. Others.....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1. YES 2. NO or N/A</p>
<p>5.17 Has your farm been used by any agricultural research organization (e.g KARI, ICRAF etc) or any agricultural organization for field trials /research technology trials in the past 12 months?</p>	<p>1. YES 2. NO</p>	<input type="checkbox"/>	<p>If 2, SKIP to 5.19</p>

<p>5.18 If YES, What is the name of the Agricultural Organization?</p>	<p>.....</p>		
<p>5.19 What are the value addition activities in your sub-location?</p>	<p>1. Fruit processing -----                  2. Sorting and Grading-----                  3. Packaging-----                  4. Milk Processing-----                  5. Promotions-----                  6. Cereal Processing-----                  7. Other-----</p>	<p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>	<p>1. YES                  2. NO or N/A</p>

CROP PRODUCTION										
5.20		5.21	5.22		5.23	5.24		5.25	5.26	
CROP CODE	[CROP]	Has your household produced [CROP] during the past 12 months?	How many acres of [CROP] land did you cultivate?		How was the [CROP] mainly used?	What is the production level (yield) of the [CROP]?		How did you store the [CROP] after harvesting?	(If crop was mainly for cash) Who mainly marketed the produce?	
		YES=1 NO=2	Number	Unit	Was it Intercropped with other crop? 1=YES 2=NO	1=CASH 2=CONSUMPTION 3=ANIMAL FEEDS 4=OTHER (SPECIFY)	QUANTITY	UNIT	1=On compound, in residence 2=On compound, in food store 3=At friend's home 4=At relative's home 5=Public store 6=Direct consumption from shamba 6=Other (Specify)	1=Self 2=Produce Board eg. NCPB, Coffee Board 3=SACCOs 4=Group 5=Private companies 6=Others (Specify)
01	Maize									
02	Beans									
03	Irish potatoes									
04	Rice									
05	Coffee									
06	Tea									
07	Bananas									UNITS FOR Q5.22
08	Sweet potatoes									1.=Acre
09	Cassava									2.=Stoles
10	Arrow roots									3.=Stems
11	Sorghum									4.=No. of Trees
12	Millet									5=other( specify)

**CROP PRODUCTION CONTINUED.....**

5.20	5.21	5.22		5.23	5.24		5.25	5.26	
CROP CODE	[CROP]	Has your household produced [CROP] during the past 12 months?	How many acres of [CROP] land did you cultivate?		How was the [CROP] mainly used?	What is the production level (yield) of the [CROP]?		How did you store the [CROP] after harvesting?	(If crop was mainly for cash) Who mainly marketed the produce?
		YES=1 NO=2	Number	Unit	Was it intercropped with other crop? 1=YES 2=NO	1=CASH 2=CONSUMPTION 3=ANIMAL FEEDS 4=OTHER (SPECIFY)	QUANTITY	UNIT	1=On compound, in residence 2=On compound, in food store 3=At friend's home 4=At relative's home 5=Public store 6=Direct consumption from shamba 6=Other (Specify)
13	French beans								
14	Groundnuts								
15	Chickpeas and Cowpeas								
16	Pigeon peas								
17	Pawpaws								
18	Mangoes								
19	Kales (Sukuma Wiki)								
20	Tomatoes								
21	Onions								
22	Spinach								
23	Cabbage								
24	Pumpkin								
25	Other (Specify) .....								

**UNIT CODES**  
 1=KILOGRAM  
 2=DEBE-20KG  
 3=GUNIA-50 KG  
 4=GUNIA-90KG  
 5=GOROGORO (2KG)  
 6=JERRY CAN  
 7=NUMBER  
 8=BUNCH  
 9=PACK/PACKET  
 10=BUNDLE  
 11=OTHER (Specify)

**UNITS FOR Q5.22**  
 1.=Acre  
 2.=Stoles  
 3.=Stems  
 4.=No. of Trees  
 5=other( specify)

<p>5.27 When you have surplus in your harvest, what do you usually do with it?</p>	<p>1. Sell <input type="text"/></p> <p>2. Feed to livestock <input type="text"/></p> <p>3. Donate to the needy <input type="text"/></p> <p>4. Other <i>Specify</i>) _____ <input type="text"/></p>	<p>1. YES 2. NO</p> <p><i>If SELL is NOT mentioned SKIP to 5.30</i></p>
<p>5.28 If the surplus is sold, what is the selling price of FOLLOWING CROPS?</p>	<p>1. Maize (per 90kg bag)----- _ _ _ _ _ _ _ _ _ _ </p> <p>2. Beans (per 90kg bag) ----- _ _ _ _ _ _ _ _ _ _ </p> <p>3. Potatoes (per 90kg bag)--- _ _ _ _ _ _ _ _ _ _ </p> <p>4. Kales (Sukuma wiki) per bag----- _ _ _ _ _ _ _ _ _ _ </p>	<p><i>If DON'T KNOW or N/A write 9999</i></p>
<p>5.29 What are the uses of incomes so earned from selling your crops?</p>	<p>1. Meeting household expenditure----- <input type="text"/></p> <p>2. Paying school fees----- <input type="text"/></p> <p>3. Paying medical expenses----- <input type="text"/></p> <p>4. Paying loans and advances----- <input type="text"/></p> <p>5. Buying assets----- <input type="text"/></p> <p>6. Buying clothings <input type="text"/></p> <p>7. Investing in banks, SACCOS etc----- <input type="text"/></p> <p>8. Buying other food stuffs (Specify)..... <input type="text"/></p> <p>9. Investment in stocks/shares <input type="text"/></p> <p>10. Other (Specify)..... <input type="text"/></p>	<p>1. YES 2. NO or N/A</p>
<p>5.30 In your households' consumption, which among the following do you prefer?</p> <p><i>( Read out the foods listed and allow the respondent to give his/her household's preference, add other consumptions and their preference if necessary)</i></p>	<p>1. Maize..... <input type="text"/></p> <p>2. Beans..... <input type="text"/></p> <p>3. Sorghum..... <input type="text"/></p> <p>4. Sweet potatoes..... <input type="text"/></p> <p>5. Irish potatoes..... <input type="text"/></p> <p>6. Cassava..... <input type="text"/></p> <p>7. Banana..... <input type="text"/></p> <p>8. Millet..... <input type="text"/></p> <p>9. Pigeon peas <input type="text"/></p> <p>10. Others (Specify)..... <input type="text"/></p>	<p><i>Indicate in the boxes, Nos. 1, 2, 3, ..... in the order of preferences.</i></p>

	<p>5.31 Does your household use any of the following farm inputs in crop production?</p> <p>1. YES 2. NO</p>	<p>5.32 Where do you mainly get them?</p> <p>1. <i>Shops around the area</i> 2. <i>Shops from major town</i> 3. <i>Government agencies e.g AFC</i> 4. <i>Marketing societies</i> 5. <i>SACCOS</i> 6. <i>Others (specify)</i></p>
<p>1. Fertilizers. ....</p>	<input type="text"/>	<input type="text"/>
<p>2. Farm Yard Manure.....</p>	<input type="text"/>	<input type="text"/>
<p>3. Pesticides. ....</p>	<input type="text"/>	<input type="text"/>
<p>4. Hybrid seeds.....</p>	<input type="text"/>	<input type="text"/>



	<p>5.42 Does your household use any of the following farm inputs/services in livestock rearing?</p>	<p>5.43 Where do you mainly get them?</p> <ol style="list-style-type: none"> <li>1. Shops around the area</li> <li>2. Shops from major town</li> <li>3. Government agencies e.g. AFC</li> <li>4. Marketing societies</li> <li>5. SACCOS</li> <li>6. Government Veterinary officers</li> <li>7. Private veterinary officers</li> <li>8. Others (Specify)</li> </ol>
	<p>1. YES 2. NO 3. N/A</p> <p><i>If 2, SKIP to next item</i></p>	
1. Animal feeds-----		
2. Drugs-----		
3. Artificial Insemination -----		
4. Animal treatment....		
5. Other (Specify)		

	<p>5.44 During the last 12 months, was any of your animal's vaccinated (e.g. by government veterinary officials etc)?</p>	<p>5.45 If YES How many times?</p>
	<p>1. YES 2. NO 3. N/A</p> <p><i>If 2, SKIP to next item</i></p>	<p>Number</p>
1. Cattle-----		
2. Sheep -----		
3. Goats -----		
4. Poultry -----		
5. Rabbits -----		
6. Other -----		

	5.46. Are you practicing any of the following routine animal husbandry? 1-Yes 2-No 3-N/A					
	1. Cattle	2. Sheep	3. Goats	4. Poultry	5. Rabbits	6. Other (specify .....)
1. Tattooing/Ear notching/ tagging						
2. De-worming						
3. weaning						
4. Hoof trimming						
5. Castration						
6. Docking (trimming tail)						
7. Culling (sale unproductive age)						
5.47 What technique do you use to control pests (e.g. ticks) from your livestock?	1. Spraying-----		1. YES 2. NO or N/A			
	2. Using communal Dips-----					
	3. Physical plucking of ticks-----					
	4. Using traditional herbs-----					
	5. Other (Specify) .....					

**SECTION 6: INCOME GENERATING OPPORTUNITIES**

	6.1 Does <i>your household</i> own (undertake) any of the following income generating activity?  <i>(Read out the options and add others if necessary)</i>  1. YES 2. NO <i>If 2, SKIP to next item</i>	6.2 Is <i>any member of your household</i> engaged in any of this income generating activity?  1. YES 2. NO	6.3 Is any member of your household engaged in any of this income generating activity on <i>full time basis</i> ?  1. YES 2. NO
1. Buying and selling cereals-----			
2. Shop-----			
3. Animal trading-----			
4. Horticulture farming-----			
5. Manufacturing/processing-----			
6. Buying and selling of fruits/vegetables-----			
7. Other (specify.....)			

6.4 Where does your household keep their savings (cash)?	1. Kept in the house-----	<input type="checkbox"/>	1. YES 2. NO or N/A
	2. Bank savings-----	<input type="checkbox"/>	
	3. Mobile phone banking (Zap, M-Pesa, orange Money)	<input type="checkbox"/>	
	4. Merry-go-round-----	<input type="checkbox"/>	
	5. keeping with trusted relative/neighbor/shopkeeper-----	<input type="checkbox"/>	
	6. Other ( <i>Specify</i> )_____	<input type="checkbox"/>	

**END OF QUESTIONNAIRE**

**THANK YOU**

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**APPENDIX 1: HOUSEHOLD FOOD EXPENDITURE (To be used for Q.2.9c).**

<b>Item</b>	<b>Amount During Normal Month</b>
Maize Meal	
Flour	
Other grains ground or whole	
Milk	
Other dairy products	
Eggs	
Bread	
Cooking Oil, Lard, Margarine	
Suku ma Wiki	
Tomatoes	
Onions	
Other vegetables	
Plantains/Matoke	
Bananas	
Other Fruits	
Fish	
Meat	
Sugar	
Salt	
Tea, coffee	
Other food items	
Beer, soda	
Other drinks	
Purchased meals	
<b>TOTAL FOOD LAST MONTH</b>	